

**State of Alabama – Department of Insurance
Continuing Education Course Application
(Type or print all information)**

PROVIDER INFORMATION:

Provider Name: _____ **Provider #:** _____

Contact Person: _____ **Phone #:** _____

Address: _____
(Street / Post Office Box)

(City)

(State)

(Zip Code)

E-Mail Address: _____

COURSE INFORMATION: Course offered to the public ☐ Yes ☐ No

Course Title: _____ **Proposed Credit Hours:** _____

Course Category: ☐ Life/Health ☐ Property/Casualty ☐ General/Other

Study Method: ☐ Classroom ☐ Self Study ☐ Seminar ☐ Online/Computer

NOTE: If the above course is classroom or seminar - fill in the following information:

Instructor: _____ **Location:** _____

City: _____ **State:** _____ **Zip Code:** _____

Date: _____ **Start Time:** _____ **Phone Number:** _____

DEPARTMENT USE ONLY

Course Approved: ☐ Yes ☐ No

Course Disapproved:

Course ID#: _____

Credit Hours: _____

To complete the application process, the \$50 application fee must be included. Mail to:

**State of Alabama Department of Insurance
Continuing Education Section
201 Monroe Street, Suite 1700
P. O. Box 303351
Montgomery, AL 36130-3351**